Effective October 1, 2003 10.7996													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS.			14	14				RATE	FEE	7	RATE	FEE	1
F	OR		NUMBER FILED		NUMBER EXTRA			BASIC FE	£ 385.00	OA	BASIC FEE	770.00	1
Ţ	OTAL CHARGE	ABLE CLAIMS	/ minus 20=		•			X\$ 9=		ОЯ	X\$18=		1
-	DEPENDENT (3 minus 3 =					X43=		OR	X86=		1
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=		1
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	770	1
											OTHER		1
ENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 12	Minus	- 6	SU.	• —		X\$ 9=		OR	X\$18=		
AME	Independent	ENTATION OF M	Minus ULTIPLE DE	PENDENT	CI AIM	1.	- [X43=		OR	X86=	1.	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=		
			TOTAL DIT. FEE		OR	TOTAL ADDIT: FEE		Ī					
_	(Column 1) (Column 2) (Column 3)												ł
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBI PREVIOU PAID F	ER ÚSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 1.2	Minus	- 2	Ŋ	•		X\$ 9=		OB	X\$18=	<u> </u>	
	Independent	• 3	Minus .	***	3	•		X43 ₂		OR	X86=.		r
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= OR +290=												·	
TOTAL										OR .	TOTAL		F*
	•	(Column 1)		(Column	 1.21	(Column 3)	AU	OIT, FEE I			VOOIT. FEEL	-	۲
	`	CLAIMS		HIGHES									l
		REMAINING AFTER AMENDMENT		PREVIOU PAID FO	SLY	PRESENT EXTRA	F	WE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=	×	3 9=		OR	X\$18=	. FEE	
	Independent	•	Minus			•	—	43=		. F	X86=		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR L	^₩		ĺ
• If the entry in column 1 is less than the entry in column 2, write "O" in column 3.													
	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT. FEE ADDIT. FEE ADDIT. FEE												
·T	he "Highest Numi	ber Previously Pald	For (Total or	Independent	is the I	highest number (ound is	n the app	ropriste box	in colu	m, L		

Application or Docket Number